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		Attorney Docket Numbe	P00619-US					
	ON FOR UTILITY OR DESIGN	First Named Inventor	BAMBERG, Ulf					
	T APPLICATION	COMPLETE	COMPLETE IF KNOWN					
(37 CFR 1.63)		Application Number						
Declaration	d OR Submitted after Initial	Filing Date						
Submitted		Art Unit						
with Initial								

\	rining	required)	Examiner Name						
	As the below named inventor, I her	eby declar	re that:							
	My residence, mailing address, and o	itizenship a	ire as stated belov	v next to my name.						
	I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	INK- IET TRANSFER SY	VSTEM:	S FOR DAR	K TEXTILE SII	RSTRATES					
	INK-JET TRANSFER SYSTEMS FOR DARK TEXTILE SUBSTRATES									
	the specification of which		(Title of the In	vention)						
	r									
	is attached hereto									
	OR ["···								
	was filed on (MM/DD/YYYY)			as United State	es Application Number	or PCT International				
	<u></u>									
,	Application Number		and was amende	d on (MM/DD/YYYY)		(if applicable).				
				_						
	hereby state that I have reviewed an any amendment specifically referred to		nd the contents of	the above identified sp	pecification, including	the claims, as amended by				
ı	acknowledge the duty to disclose info	ormation w	hich is material to	patentability as defined	in 37 CFR 1.56, inclu	iding for continuation-in-part				
i	applications, material information whic nternational filing date of the continua	tion-in-part	application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United										
Ł	States of America, listed below and horeeder's rights certificate(s), or any									
_	Prior Foreign Application	1		Foreign Filing Date	e Priority	Certified Copy Attached?				
_	Number(s)	╁	ountry	(MM/DD/YYYY)	Not Claimed	YES NO				
	PCT/IB99/00976	PCT		06/01/1999						
ī	Additional forcing application		liabed as a second		DE D					
L	Additional foreign application nu	muers are	nsteu on a suppler	nentar priority data SNE	et lingende allaci	ICU IICICIO.				

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:									
Ulf Given Name (first and middle [if any])	,	Bamberg Family Name or Surname			mbei	rg			
Inventor's									
Signature		<u> </u>						Date	
Jestetten		,	DE			DE			
Residence: City		State Country			Citizenship				
Kastanienweg 8									
Mailing Address				I				<u></u>	
Jestetten			D-79798		3	DE			
City		State ZIP				Country			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Peter Given Name					Kur	nme	r	 	
(first and middle [if any])	Family Name or Surname								
Inventor's Signature								Date	
Neunkirch			СН			СН			
Residence: City	State Co		Count	ry			Citizenship		
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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if an	y:			A petition has been fi	led for t	his unsigned inventor		
Ilona			Stiburek					
Given			Fa	mily Name				
Name			or	Surname				
Inventor's Signature				Date				
Zurich			TC	H		CH		
Residence: City State			C	ountry		Citizenship		
Kochlistrasse 6								
Mailing Address								
Mailing Address								
Zurich	Т		ТС	H-8004	СН			
City	Stat	te	Z	IP .	Count	atry		
Name of Additional Joint Inventor, if any:								
Given	Given Family Name							
Name				r Surname				
Inventor's			•					
Signature			Date					
Residence: City State			c	Country		Citizenship		
Mailing Address								
Mailing Address								
City		te	_ ;	ZIP Cou		ntry		
Name of Additional Joint Inventor, if any:								
			_					
				Family Name or Surname				
Inventor's								
Signature				Date				
Residence: City	State			Country		Citizenship		
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